## BEST AVAILABLE COPY

PATENT APPLICATION FEE	DETERMINATION RECORD
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Application or	Docket Number
10	•

Effective December 29, 1999							9/495655						
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN SMALL ENTITY		
F	OR					EXTRA	lΓ	RATE	FEE	OR <b>7</b>	RATE	FEE	
BASIC FEE						e e la julio de la companio de la co		▎▐		345.00	OR	-	690.00
TOTAL CLAIMS 34 minus 20= * 14									X\$ 9=		1	X\$18=	
IN	DEPENDENT CLAIMS 6 minus 3 = * 3							╽┟	X39=	ļ	OR		252
MULTIPLE DEPENDENT CLAIM PRESENT								╽┟		ļ	OR	X78=	234
* If the difference in column 1 is less than zero, enter "0" in column 2							Ļ	+130=		OR	+260=		
							COIGITITI Z	•	TOTAL		OR	TOTAL	1176
	CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)								SMALL	ENTITY	OR	OTHER SMALL	
<b>JENT A</b>		CLA REMA AFT AMENI	INING TER		PF	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
<b>AMENDMENT</b>	Total	*		Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	10511	Minus	***	_			X39=		OR	X78=	· · · • · · ·
	FIRST PRESE	ENTATION	N OF MI	JLTIPLE DE	PENL	DENT CLAIM		T.	⊦130=		1	+260=	
								L	TOTAL		OR	TOTAL	
		(Colur	nn 1)		(C	olumn 2)	(Column 3)	AD	DIT. FEE		OR ,	ADDIT. FEE	
AMENDMENT B		CLA REMAI AFT AMEND	NING ER		I PF	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Q	Total	*		Minus	**		=	,	<b>K\$</b> 9=		OR	X\$18=	
AME	Independent	*	05.44	Minus	***		=		X39=		OR	X78=	
	FIRST PRESE	MIATION	OF MU	JULIPLE DEI	PEND	ENT CLAIM			130=		li	+260=	
								L	TOTAL		OR	+20U= TOTAL	
		(Colun	on 1\		(0	aluman O	(Oalaman 0)	ADE	OIT. FEE		OR ,	ADDIT. FEE	
		CLAI	MS			olumn 2) IIGHEST	(Column 3)						
AMENDMENT C		REMAII AFTE AMENDI	ER		PR	IUMBER EVIOUSLY AID FOR	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
ON I	Total	*	_	Minus	**		=	Х	\$ 9=		OR	X\$18=	
A ME	Independent	*		Minus	***		=		(39=		ŀ	X78=	<del></del>
	FIRST PRESE	NTATION	OF MU	LTIPLE DEP	END	ENT CLAIM		-			OR	7/0-	-
* 11	the entry in colur	nn 1 is less	s than the	entry in colur	mn 2. 1	write "0" in col	umn 3.	+	130=		OR	+260≃	
1	f the "Highest Nur f the "Highest Nur	nber Previo	ously Pai	d For" IN THIS	SPA	CE is less than	20 enter "20 "	ADD	TOTAL IT. FEE		OR A	TOTAL DDIT. FEE	
٦	The "Highest Num	ber Previo	usly Paid	For" (Total or	Indep	endent) is the	highest number	found i	n the appr	opriate box	in colu	ımn 1.	

## This Form is for INTERNAL PTO USE ONLY It does NOT get mailed to the applicant.

## NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER: 9/495655

## Total Fee Calculation Total Number Fee Code # Claims Extra Fee Total . Sm./Lg. Sm. Entity Lg. Entity Basic Filing Fee 690 201/101 $\frac{34}{20} = \frac{14}{20} \times \frac{34}{20} \times \frac{34$ Total Claims >20 203/103 Independent Claims >3 202/102 Mult. Dep Claim Present 204/104 Surcharge 130 205/105 English Translation 139 TOTAL FEE CALCULATION 1306 Fees due upon filing the application: Total Filing Fees Due = Less Filing Fees Submitted BALANCE DUE

Figure 7

FORM OIPE-RAM-01 (Rev. 12/97)